

Los Angeles County Commission for Women



APPLICATION FOR DONATION

All requests for funds must be received 30 days prior to the next scheduled LACCW meeting (see attached meeting schedule). The requesting organization must provide the following information before consideration of a request.

Project: Peacemaker	s, Inc	
Name of Organization		_
P.O. BOX 82361	Los Angeles	90082-0361
Address	Cit	ty Zip
_(323) 291-2525	(323) 291-0140	www.projectpeacemakersinc.org
Telephone Number	FAX Number	Website Address
Ms. Bernita Walker	Executiv	ve Director
Contact Person	Title	
(323) 365-7742	<u>wa</u> l	lkerppmi@ao.com_
Cell (optional)	E-mail	
Organizational Identification (Non-profit status/tax I.D.		
` '	, —	

Mission of Organization (Purpose and Goals):

The Mission of Project: PeaceMakers, Inc., is to interact with all aspects of the community in an endeavor to enhance the quality of life by addressing Domestic/Family Violence through education, intervention, and prevention in a coordinated approach to break the cycle of violence in the home and in the community.

History of Organization and Time of Existence:

Project: PeaceMakers, Inc., is a non-profit public benefit corporation founded in 1995 to address the lack of public knowledge concerning the dynamics of domestic/family violence (D/FV) and its influence on each of us. Through eighteen years of experience in the D.V. arena, the Founders and Board of Directors recognized that the need of education in the prevention of domestic/family violence was and is the only way to ultimately eliminate this social disease.

Los Angeles County Commission for Women APPLICATION FOR DONATION (Page 2)

Listing of Board of Directors:

Board of Directors: James Hundley, C.A.S., Chairperson, Donald A. Irvin, Vice President, Carolyn Andrews, Secretary, Victoria Hull, Treasurer, and Board Members; Miranda Raoof-Carter, Luberta Robinson, Timothy t. Williams, Jr., Alberto B. Mendoza, Elton Thomas, Bernita Walker, Executive Director

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time:	February 23, 20	12	8:30 am to 5:00	<u>pm</u>			
Location:	The California Endo	owment 1000) North Alameda	Street, Los A	Angeles,	CA S	90012
Target Num	nber of Attendees:	<u>35</u>					

Event Information – Purpose and Goals:

The purpose of the training is to educate individuals about the issues and barriers when referrals are made from the clergy, religious and faith based communities for victims/survivors to receive services from crisis shelters and services providers.

In what Los Angeles County District will this event take place? 1 (Please enter the district number)

In what Los Angeles County District does your organization belong to? 2 (Please enter the district number)

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Project: PeaceMakers, Inc., provides services to females, families, males, of varied ages and ethnicities, mostly low income level constituents that seek domestic/family violence and intimate partner violence services. Individuals are referred to Project: PeaceMakers from all areas and supervisorial districts of the County for services.

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

Request for funding assistance to provide refreshments, breakfast and lunch for the Domestic Violence and Religion training and to provide materials at the training. The LACCW logo will be used on the program materials.

^{*} Event publicity materials may be included (optional)

Los Angeles County Commission for Women APPLICATION FOR DONATION (Page 3)

How will this donation benefit the organization?

Project: PeaceMakers, Inc., does not have funding to provide training to individuals that work with domestic violence victims/survivors that work in the clergy faith based field. The funding will afford Project: PeaceMakers, Inc. to train and to educate a larger population about the cycle of violence and the nexus with religion.

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No (X), this is the first time we received donation from LACCW.

	First Occasion: Name of the Event <u>Un</u>	derstanding the Myths	of Religion and Dome	<u>estic</u>
	<u>Violence</u>			
	Date of the Event:	February 23, 2012		<u> </u>
Γ	Second Occasion:			
	Name of the Event			
	Date of the Event:			
- 1				
	Donation Amount:	<u>\$500.00</u>		
	Donation Amount: Los Ano 500 W. Templ		orm to: ssion for Women os Angeles, CA 900° 455 5102 ounty.gov	12

Los Angeles County Commission for Women APPLICATION FOR DONATION (Page 4)

Date of CW Board Meeting	(Yes) (No) Action Taken	(Yes) (No) Notification Sent	Amount Approved
Reason for Rejection			